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WHEN AND HOW TO EMPTY THE UTERUS.*

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When in compliance with the request of the able chairman of this Bureau, I availed myself of the honor to present before your Society a paper on some obstetrical topic, the selection of the subject, "When and How to Empty the Uterus," was decided upon on account of its importance and with little thought as to my ability to condense its diversified ramifications into the form of a paper. I have made the endeavor to do it, however, because of all the variety of cases that apply to the general practitioner for treatment there is no class that exact of him the exercise of finer judgment or require more definite action than those which have to do with the interruption of utero-gestation.

Early in my medical career, as these problems came up for solution, I found, after due reflection over my college teaching, and as a result of many hours of research through medical literature, that there was so much uncertainty and diversity of opinion regarding this subject as to create in my mind considerable confusion as to just the right course to pursue regarding the various phases of the subject of abortion. Abortion is derived from the Latin word *aborto*, which means literally to bring forth before the time. Throughout this paper the word is used in its broadest sense.

Now, after a decade and a half of active practice, the latter years of which have been devoted largely to gynecological and consultation work, I find that the profession at large, and especially its younger members, are more uncertain of their proper attitude towards these cases than any others in medicine.

Knowing these to be facts, it would seem that this paper may therefore interest you, and—I trust—may stimulate among those present such discussion as will tend to further enlightenment.

*Presented before the Massachusetts Homœopathic Medical Society.

It is very difficult to obtain accurate statistics regarding this subject, but the conclusion drawn from the data to which we have access would indicate that probably about 20 per cent. of all pregnancies are interrupted.

In the daily periodicals of almost every city we are continually confronted by statements which when read between the lines unquestionably advertise that by their slaughter of infants out-Herod Herod. Hardly a week passes in the life of a busy practitioner that he is not made aware through privileged communications of the fact that even many members of our time-honored profession are unscrupulous abortionists. It is probable that many of them have become such, by not having early established well-defined inviolate convictions of the right to life of the unborn child. Possibly they have not the moral courage to persist in the application of those principles in spite of the pleadings which are poured, almost daily, into their ears, such as the preservation of an honor already forfeited, the inconvenience of gestation when extended journeys have been planned, the breaking up of a home, should the knowledge of a wife's unfaithfulness become known, the assertion that physically the mother is not strong enough to undertake the responsibility of added household care, that the author of the products of the conception is the brother or even the father to the mother of the offspring (two cases where brother and sister have been the father and mother have come under my care). To all these pleadings there should be no yielding to the dictates of a blind sympathy on the part of the physician, for otherwise he would not be worthy of his high calling, which permits him not only to cross the threshold of the bed chamber, but makes him the trusted counsellor in this the most sacred of all the affairs of the home.

Certainly, in this enlightened age, the idea still commonly held by the laity that there is a definite time after conception at which the child quickens with life, has no honest advocates among practitioners, yet every few days some woman will admit during her case taking that she has had her womb frequently opened by Dr. ——— because she has not menstruated on time, and considers it no crime because the doctor has told her that the child has as yet no form.

In this class of cases we must take the time to thoroughly explain that life begins with the fertilization of the ovum and con-

ception with its fixation, that there is no period from the beginning to the end of a normal pregnancy when the products of conception may be interfered with, except to save the life of the mother, without a crime being committed.

Physicians should ever be the persistent and active foes of unnecessary abortion. Prof. Pinard says: "From the moment a child is conceived no one has the right to hinder its development; the obstetrician is everywhere and always bound to protect it as well as its mother."

When, then, in the performance of our duties as physicians, shall we be justified in emptying the uterus of the products of conception?

In my endeavor to answer this difficult question I shall not try so much to present the opinions of the latest authorities, as content myself with laying before you some of the conclusions I have reached, and a few of my methods of action in these matters. It is held in common by the great majority of medical practitioners and in perfect accord with the statutes of most of the States, that one is justified in removing the products of conception when because of the presence of the *fœtus* a woman's life is endangered.

To do so early in pregnancy, before such time as the child would be viable, must necessarily result in the death of the offspring, but this taking of the life of the *fœtus* should not cause the physician to shirk his duty and thus prevent his saving the life of the mother, for otherwise not only will her life be lost, but the death of the *fœtus* is also inevitable. True, many of these cases will result, not only in the death of the *fœtus*, but that of the mother also; but that is generally due to the fact that the removal of the products of conception has been too long delayed.

Of course, if operative procedure can be postponed until the period of vitality without too greatly jeopardizing the life of the mother, then that is the only course to pursue.

In carrying out these principles, I had not practiced medicine long before I was confronted by the attitude of the Roman Catholic Church in these matters. Then, for the first time, decrees of the Holy Office as issued through the priests to the faithful of that denomination, were brought to my attention.

The case was one of acute exacerbation of a severe condition of pyelo-nephritis complicated by extensive valvular lesions and lack

of compensation. The young woman soon after her marriage (against which I had strenuously counselled) became pregnant. She had progressed to about the eighth week, when her condition became such that in my judgment, and that of another physician, pregnancy must be terminated if her life were to be saved.

Not only did I advise such a procedure, but as medical adviser and friend, I urged its carrying out. The priest was called in and the tenets of the church presented. The patient was at this time confined to her bed, not only her extremities, but her face and abdomen, were greatly infiltrated with serum. Any attempt to assume the upright posture resulted in most tumultuous heart action at times to the point of causing syncope. For a few days she hesitated and then decided to take the matter in her own hands. The uterus was emptied and curetted, and the patient rapidly improved. She lived a number of years after this, and further impregnation was prevented by strict adherence to rules given her. This was at variance with the doctrines of the church, which forbids optional sterility (without excepting any extenuating conditions).

Her life was not a happy one, as the husband frequently, when family differences arose, would taunt her with the fact of her not being able to be a mother, and reproach her for having permitted the operation before mentioned.

This and several other cases of a like nature which were brought to my attention induced me to investigate further the attitude of the Roman Church in these matters.

We find that Prof. Hector Treub, of Holland, had had a controversy with representatives of the church along these lines. After the death of a woman whom he felt could have been saved by a timely operation, prevented by the interference of her priest, said: "I should deem myself guilty of neglecting my duty as a reputable physician if I did not do whatever lies in my power to make it impossible for myself or any other Dutch physician to again stand at such a death bed—a death bed of which it may be said: There lies a young woman murdered through the narrow decrees of the Holy Office." And he proposed the following addition to the penal code: "Whoever forbids, or in any way hinders another to call in, or accept, medical aid for his ailment shall, in case death results from the illness, be punished with imprisonment."

In doing this he said that his object was to prompt the Holy

Office to take into account the mind of a majority of the population of a country where perfect liberty of worship exists. Some of the arguments advanced against his position were the following: "Thou shalt not kill." "The end never justifies the means; one cannot do evil that good may come."

In answer Professor Treub replied, if "Thou shalt not kill" be interpreted without any restriction, why, then, does not the Roman Church forbid capital punishment? And in answer to the accusation that a therapeutic foeticide is the deliberate taking of an innocent human life, he declared that while in such a case there is deliberate destruction of the foetus to save another life, it would soon be extinct, anyway, and consequently the operation is not only lawful, but it is unlawful to omit it, and that the transgressor of the precept, "Thou shalt not kill," is not he who hastens the destruction of the doomed foetus, but he who lets the mother die without intervention.

The limits of this paper will not permit of my fully covering the various arguments advanced on both sides in this controversy. It suffices, however, to bring before you this difference of opinion which exists between the Roman Catholic Church and the profession at large on this subject.

In considering the matter from the medico-legal point of view, we find that it is lawful to empty the uterus of the products of conception whenever it is necessary to preserve the life of the mother or the offspring. For instance, Section 294, of the Penal Code of New York State, reads as follows:

"Abortion defined. A person who, with intent thereby to procure the miscarriage of a woman, unless the same is necessary to preserve the life of a woman, or of the child of which she is pregnant, either,

"1. Prescribes, supplies, or administers to a woman, whether pregnant or not, or advises or causes a woman to take any medicine, drug or substance; or,

"2. Uses, or causes to be used, any instrument or other means,

"Is guilty of abortion, and is punishable by imprisonment in a state prison for not more than four years, or in a county jail for not more than one year."

It is, therefore, specifically stated in the laws of New York State that it is permissible to empty the uterus of the products of conception to preserve the life of the mother or child.

The law of the State of Massachusetts, so far as I have been able to ascertain, is more ambiguous in this respect—Chapter 212, Section 15, reading as follows:

“Whoever, with intent to procure the miscarriage of a woman, *unlawfully* administers to her, or advises or prescribes for her, or causes any poison, drug, medicine, or other noxious thing to be taken by her or with like intent *unlawfully* uses any instrument or other means whatever, or, with like intent, aids or assists therein, shall, if she dies in consequence thereof, be punished by imprisonment in the state prison for not less than five nor more than twenty years, and if she does not die in consequence thereof, by imprisonment in the state prison for not more than seven years and by a fine of not more than two thousand dollars.”

Undoubtedly the word “unlawful” gives the physician the same latitude as does the law of New York State. In Massachusetts it is not a crime for a woman to commit an abortion upon herself, nor to submit to one by another, while New York State law holds these acts to be criminal.

Granting, then, that it is permissible to remove the products of conception to save the life of the mother or child, let us consider for a few moments some of the pathological conditions which justify therapeutic abortion.

In my personal experience, eclampsia occupies the first place, as it has been the most frequent condition for which I have primarily emptied the uterus. When the convulsive seizure has once occurred the uterus should be emptied as soon as consistent with the best interests of the mother. My only child was delivered at the seventh month because of this condition.

Edgar states that careful observations seem to show that danger is essentially passed, in some 90 per cent. of cases, immediately after the uterus has been emptied if this is accomplished early in the seizure.

Hyperemesis (pernicious vomiting) frequently calls for the emptying of the uterus. When nausea becomes severe and the ejected substance contains much bile, if the pulse is rapid and the condition is becoming more and more aggravated so that no food is retained, carefully watch the urine of the patient, and whenever the amount of ammonia rises above 10 per cent. of the total amount of nitrogen in the urine, it is claimed by Kelly that this should be

a positive indication for removing without delay the contents of the uterus.

Since learning of the brilliant results obtained by your esteemed confrere, Dr. Blodgett, in the treatment of pernicious vomiting, when there is present in the urine acetone and diacetic acid, which he assures us is invariably relieved by the administration of bicarbonate soda either by mouth or intravenous, I have not had a case upon which to demonstrate this glorious achievement in medicine.

The greatest error which occurs in pernicious vomiting is that frequently the accoucher waits too long before evacuating the uterine contents, and the patient, although relieved of the vomiting, *not* infrequently succumbs to exhaustion. Placenta previa, accidental hæmorrhage, missed abortion, hydatiform mole, hydramnios acuta, infection of uterine contents, chorea, aneurism, severe heart lesions, or a rapidly advancing phthisis often furnish the demand for termination of a pregnancy.

Severe kidney lesions, especially cases of pyelo-nephritis, always require very careful watching when pregnancy co-exists, and should the patient present signs of an increasing toxemia in spite of persistent and careful treatment, the emptying of the uterus should not be long delayed. The pregnant uterus, by compressing the ureters and damming back the purulent discharges of the pyelitis, may thus give rise to pyelo-nephritis.

In all these cases, where in the best judgment of the physician, it is deemed necessary to terminate the pregnancy, the rule of invariably sharing the responsibility with a fellow practitioner should most certainly be adopted, except in those rare cases of emergency where the delay of such a procedure would militate strongly against the life of the patient.

What shall be the attitude of the physician in those cases which occur all too frequently where the abortion has been criminally induced by the mother or some other persons, and he has been called to the case? Shall he refuse to assume the responsibility of attending the patient, as is frequently done, or shall he accept the case?

If he decides on the latter course, then, it is our best opinion, it should be his invariable rule to protect his professional reputation by requiring a statement of the essential facts that have induced the condition, signed by the proper persons and preferably in the presence of a witness.

Then having established his proper relations to the case, he should not hesitate to adopt such measures as his best judgment may dictate.

In addition to the conditions already mentioned, there is still for our consideration that great class of cases constantly occurring in the life of the busy practitioner in which abortion due to accidental or pathological causes, is threatened. In these cases the most essential point to be decided is whether the abortion is one that can be prevented or is inevitable.

In passing it may be of interest if we express our views regarding the indication that the expulsion of the foetus cannot be prevented. It is not the amount of blood that should be our guide nor the amount of pain.

The definite rule that we would lay down and one which I have never known to mislead is this: If on examination it is found that the os uteri is dilated to such a degree as to permit the examining finger to palpate directly the uterine contents, it is useless to waste further time in trying to stop the process. The entire activities of the physician should then be directed to the facilitation of nature's efforts to end the pregnancy.

Let us now take up the subject of how to empty the uterus. Believing that all the various drugs used for this purpose are unreliable and most of them dangerous, we will not devote any time to their consideration, but will proceed at once to the presentation of the more reliable and approved methods of modern surgical mechanics.

In order to systematize this part of the subject and condense it into suitable form for presentation, it will be necessary to segregate the cases into groups. With this idea in mind we find in regard to the surgical procedure indicated, that most of the conditions are readily arranged into three classes:

First—Those occurring in the first third of gestation up to about three and a half months, in which the decidua is the important factor to deal with.

Second—From three and a half months to the twenty-sixth or twenty-eighth week in which the placenta is the essential factor, and,

Third—Those cases of premature delivery in which the saving of the life of the offspring is all important.

There are a few general rules which apply to the handling of

all these cases, which it is the duty of all to carry out as nearly as possible. Bowels and bladder should be thoroughly emptied. The patient should be placed in a good light and in an easily getatable position. In most cases a general anæsthesia is required.

Rigid aseptic technique is more essential than in the usual confinement, because of the necessity of increased internal manipulation, as the condition to be dealt with is a pathological and not a physiological one. The shaving or clipping of the hair from the vulva is a wise procedure, not only because of the difficulty of rendering it aseptic, but because the subsequent discharges, lochia, etc., which take place will be at once taken up by the sterile napkins and not collect in the region of the vulva to form a culture medium and thus promote infection.

The rectum, which is one of the most frequent sources of infection, should be isolated from the operative area by a thick gauze sponge or folded towel, and held in place by artery clip or sterile adhesive strap, and during the after-treatment it can be isolated from the vulva by a dam of gutta percha tissue made to adhere across the perineal body by touching edge with chloroform. In dealing with those of the first class the operation is usually completed at a single sitting, and is known as the *rapid method*.

As a preliminary step the rule to precede all instrumentation of the uterus by a thorough bi-manual examination should be observed, for not infrequently because of this omission instruments are forced through the uterine walls, and complicating conditions may be overlooked. Intestines have been drawn through perforated uteri and poisonous solutions have been introduced directly into the peritoneal cavity.

In harmony with many others, I maintain that every case of early abortion should be thoroughly curetted, as up to the time of the formation of the placenta the uterus unassisted rarely completely empties itself; portions of the decidua or chorionic villi are almost invariably left, which form a most fruitful nidus for toxic disintegration or infection.

After the necessary dilatation I first use as large a sharp curette as can be introduced, and thoroughly denude the posterior and anterior walls, then with a smaller sharp curette I scrape out the decidua or fœtal envelopes from the uterine cornus. If the case is not a septic one no intra-uterine douche is given. Any blood or loose debris is removed by one or more packings with narrow

strips of absorbent gauze introduced into the uterine cavity through the modern canula packer. If oozing is only slight after this no pack is left within the uterus. In the more advanced cases, however, of this group, should hæmorrhage be excessive and the uterus relaxed, the cavity is thoroughly packed with packing gauze, which is left in place for about six hours, after which it is withdrawn, a foot or so at a time every hour, thus stimulating on the part of the uterus good contraction and allowing of intervals for retraction as the uterus gradually contracts down upon itself.

In cases where the contents of the uterus have already been infected, we have to deal with a most serious complication, and we all know how frequently these cases are met with, especially in those induced with criminal intent; and, other things being equal, the younger the patient the more severe the infection, as pelvic lymphatics decrease with age.

In the surgical treatment of those septic cases all manipulations, if the process is advanced, should be done with great care, as the uterine structures undergo great softening. A preliminary intra-uterine douche is a good thing as it washes out the loose septic debris.

If the abortion is under three months, I do not hesitate to paint over the denuded walls of the uterus quickly with a swab held firmly dressing forceps saturated with three to one iodine and carbolic acid. I always counteract the effects of this on the tissues by packing the uterus a few minutes immediately afterwards with gauze super-saturated with alcohol.

In all these cases occurring in the middle period between three and a half months and twenty-six weeks, it is generally better when possible to divide the operation into two sittings. At the first measures should be instituted to bring about a slow and careful dilatation of the now formed lower uterine segment, and to bring this about I have found nothing that equals the small-sized hydrodynamic bag devised by Dr. Ralph Pomeroy, of Brooklyn, which will be described later on.

In these cases, after the expulsion or extraction of the fœtus, it is neither safe nor practicable to deliver the placenta with the curette. This should be removed when necessary to assist nature by the gloved hand or the placental forceps. If hæmorrhage is severe, measures similar to those adapted to this condition at term are indicated.

One special method of my own, which I have found very efficacious, is to pack the uterine cavity with gauze saturated with a sterile solution of gelatine. In several cases adrenalin was added to the gelatine. ,

In emptying of the uterus in cases after the twenty-sixth week, excepting in eclampsia and placenta previa, artificial dilatation is usually not necessary, and one should assume, as in cases of delivery at term, an attitude of watchful expectancy ever ready to assist should natural methods fail.

In these cases where the child is viable and the parturient canal will not admit of its delivery without destruction, the Cæsar-ean operation should be performed.

In the hands of a competent abdominal surgeon, I do not consider this operation more dangerous than the application of high forceps.

In the decision to empty the uterus, the statements of the patient are entitled to but little weight. Objective symptoms must decide.

Of what various methods of inducing abortion Krause's method usually gives the best results. Personally, instead of a bougie, I find that one or more thick rubber catheters, which are much more readily sterilized, are preferable, and can be just as easily introduced between the membranes and the uterine walls.

In eclampsia, placenta previa and all other conditions where it is essential to rapidly empty the uterus, especially in cases after the formation of the placenta, I find the use of the Pomeroy hydrodynamic bags, manufactured by Geo. Tiemann & Co., New York, a most decided help in dilating the birth canal. They most simulate nature's processes, and are a great improvement over the Champetier de Ribes balloon, the Bosse dilator, and all other apparatus devised for rapid dilatation of the cervix.

In closing, let me advise that you have always at hand a copy of the law to help you enforce right ideas of duty when these cases apply to you. May all experience, as I do, the pleasure of knowing that many a thankful mother calls you blessed.

If the presentation of this paper and its discussion shall prove of value to any of my fellow practitioners and thus help them to solve some of the difficult problems which this class of cases bring up, I shall be more than repaid for my efforts.

A SAD CASE AND ONE TO PROFIT BY.

By Harold Milne French, Class of 1913.

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Mount Vernon, N. Y., May 8, 1910.

On New Year's afternoon I called at a friend's house and upon seeing his mother, was informed that her thumb was very painful.

I examined the member and found that she had, doubtless, infected same from a pin prick or otherwise. It was red, congested, and throbbing (Bell.). Pus had formed and as it was early I advised her to have it opened; this she refused to do, so I applied a hot poultice of Antiphlogistine. About six o'clock she was seized with a chill and pains throughout the body; the pain had gone from the thumb and the infection had spread along the tendons of the Pollicus muscles and a red line of demarcation up the lymphatics was very pronounced (Silica). I advised calling in help, suggesting a homœopathic physician, but they wished an old school man. When he came he confirmed my diagnosis, but refused to open the thumb. He ordered hot bichloride compresses applied every hour, 1-1000. The patient, by this time, was suffering great pain, so he directed that codeine be given until sleep was obtained. I administered in all, three grains and one A. K. tablet, but all of these had no effect at all. The bichloride compresses were also applied as directed.

At six o'clock a hypodermic of morphine was given, but no effect.

On Sunday, when I called, I found that no relief had been gained in any way, and no sleep obtained.

From the application of the compresses, she had absorbed enough Hg. to completely upset her stomach and her mouth was full of canker sores, also nephritis. I had also absorbed enough of the salt to produce mild symptoms which banished after two doses of (Hepar Sul.) 3x.

Upon going to college Monday morning I presented the case to Dr. Hinsdale, Professor of Physical Medicine, who advised Ech. or Hepar Sulf. Had the Hepar been given then it would have aborted the poisonous absorption of the salt, combined with the suppurative condition.

All the interference on my part was rejected, as they were fully satisfied with their doctor.

This condition continued, the patient developing pyemia and at one time having twenty-three drainage tubes scattered along the course of infection.

At no time during the course of the condition was, from a homœopathic standpoint, any medicine given which would, in any way, tend to improve or cure, and how much codeine and morphine can be only left to conjecture for the case has run for four months, the patient dying on the 18th of May.

This is a typical homœopathic case, for we all know that the use of homœopathic drugs increase the opsonic index and resisting power of the blood to overcome the invasion of the bacteria of sup-puration.

Vaccine and antitoxin serum was used, but not until it was too late.

There is one great cardinal point to be learned from this case and that is the early evacuation of all pus cavities, more so of the thumbs and little fingers, for, as in this instance, if they are not opened, there is nothing which will prevent the spreading of the pus along the tendons and sheaths of these especial muscles.

I trust that this case will act as a warning to some of my future brothers at the end of the line, from one who is just commencing.

While it has been golden experience to me, I regret that I was not in a position to help; for the poor of New York who come to the Dispensary of the Flower Hospital would never suffer and on to death from an infected finger.

RANDOM POINTS IN THE TREATMENT OF GASTRIC ULCER.

Roy Upham, M. D.

The presumption of a writer to take up a subject which has been so thoroughly dwelt upon is almost a guarantee he will have taken his trouble for but few auditors, but, as is often the case, where a subject has been assailed by many, there has been a pronounced development of thought along similar lines and a number of interesting minor points have escaped attention.

The majority of the facts outlined here are the result of the author's search in time of stress for means to right wrongs which

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had appeared so trivial that they had escaped attention in the great mass of medical literature.

We can hardly think of gastric ulcer without rectal alimentation appearing as an ideal treatment. Now a thought, starvation as a cure for all the ills that man is subject, is occupying more and more space in our daily press and medical journals and in the writer's belief the rest that the stomach secures is one of the salient points of the good results so secured.

Let me say here then that there is but one disorder of the gastro-enteric system that is not benefited by rectal feeding. The single exception is malignant conditions.

Axiom One. In case of doubt in a patient with a painful condition of the stomach adopt rest in bed and rectal nourishment and then watch the case improve and the diagnosis become apparent.

Axiom Two. To secure good results with this treatment know what to give and how to give it and see that the one in charge is competent.

Rules for rectal alimentation:

1. A cleansing enema of normal saline every morning; to secure a clean absorbing surface.

2. There should be three enemas a day and the first should not follow the cleansing enema in less than one hour after its expulsion.

3. The amount of the enema should never be over eight ounces and six is better.

4. The enema should be given with a funnel and a rectal tube of soft rubber about a 28 or 30 French, should be of the velvet eye variety and have the openings on the side and none in the end. Never use a fountain syringe.

5. The position of the patient to receive the enema is on the left side with the knees flexed and the buttocks raised on a pillow.

6. The enema must be given slowly with the funnel elevated but little and fifteen minutes to twenty-five should be taken in giving the same.

7. After the enema the patient must continue the recumbent position for one hour, the first twenty minutes on the side, and the rest of the hour on the back. A warm towel pressed against the buttocks, holding them firmly together, aids in the retention of the enema.

8. If the rectum should become intolerant 10 to 20 drops of tincture of opium should be given with the enema.

9. The rectal tube should be well lubricated and carried up for, at least, twelve inches, for two reasons, first, so the enema does not lie on the fatal niche and cause a desire for bowel movement and, secondly, the veins in the sigmoid are tributaries of the inferior mesenteric vein, which empties its contents into the portal system so secondary digestion and better absorption will take place. When it is thrown low into the rectum it goes into the inferior vena cava and this aid in nutrition is lost.

10. The temperature of all enema should be 98.6 F. when it reaches the patient.

11. The composition of the enema should be as follows:

Completely peptonized milk, four ounces. The yolk of two eggs. One ounce of a 20 per cent. solution of glucose and one drachm of salt. As an alternative, the following should be used: Somatose one drachm, two eggs, one ounce 20 per cent. glucose solution, one ounce Russell's Emulsion and one teaspoonful of salt.

It is a peculiar fact that often the rectum will continue tolerant over a longer period where the two enemas are alternated, it seeming to become tired of the one article of diet.

I speak of enema containing liquid peptonoids and panapeptone but to condemn them, as I believe that the alcohol which they contain causes the rectum to become irritated. The salt should be an ingredient of all enemas, as it greatly aids absorption. Lastly, I have not found the enema of chopped meat mixed with chopped pancreas to be of value; there is too much residue left to irritate the rectum, and they are not as supporting as those already given.

During the period of rectal alimentation a point that has escaped attention is the care of the mouth. The normal use of the mouth is what keeps it in a cleanly condition, and failing in its accustomed duties, it becomes a harbor for the growth of all species of micro-organisms, and these are prone to wander at large and enter the various ducts that empty into the mouth; inflammation of the glands at their sources arises with all their painful features. I have seen two cases of inflammation arise under such condition.

The mouth should be kept rinsed at frequent intervals with Borylptol, Listerine, or a weak solution of Permanganate, and the writer cannot advocate too highly the habit of having these cases chew gum. It is the best method to keep the mouth clean, and it also favors an excessive flow of saliva, which, when swallowed,

aids in neutralizing the gastric juice, which in these cases is usually excessive in its acidity.

The next point I desire to make is the mistake of giving these cases animal broths when they are able to assume feeding by mouth. There is no article of food which causes a more stimulative action on the stomach than the animal broths, and thus your gastric juice is thrown out in excessive amounts causing the pain once more to return to the discouragement of both the physician and the patient. The diet to be first assumed after the rectal feeding is the blandest possible of the liquid foods, milk, Eskay's Food, Imperial Granus, Peptogenic Milk Powder, Malted Milk. All given cool or luke warm and never hot; again the reason is self-evident. Thus a diet of the cereal gruels is established.

The pain attendant on a case of ulcer is of various phases. The first and often the most prominent is a burning pain experienced in the epigastrium, or more characteristic under the left shoulder blade, and this is pain due to the free acid in the stomach, and naturally is worse with the ingestion of food of a stimulative nature. This pain is always relieved on taking alkalies. This particular pain is really the pain of the hyperchlorhydria, but as this is a feature of practically all ulcer cases it must be considered as part of the symptomatology. The second pain is a lancinating pain felt usually in epigastrium, and is distinctly darting in character. This is a true pain of the ulcer, and is characterized by the fact that it disappears shortly after the ingestion of orthoform. The orthoform acts here probably just as elsewhere by its anæsthetic action on the exposed nerve filaments. To relieve the pain doses of $7\frac{1}{2}$ grains of orthoform may be given three times a day. It is perfectly safe, and as a pain killer its action is often ideal. The third pain, a crampy pain, occurs about one to two hours after food, and is present when the ulcer is near the pylorus, and is caused by the muscular contraction of the pyloric segment of the stomach.

Let us further bring to your attention two diagnostic symptoms of ulcer. The first that on interrogation of the patient he will inform you that he has no appetite; follow this question up and you will find in the ulcer case that he has the appetite but is afraid to eat, as he is so sure to suffer from his indulgence. The symptom is, then, "Appetite good but eating causes so much pain to come on that he had rather go without the food."

And more diagnostic yet is the fact that nausea does arise after taking food, but occurs after the pain comes on. It is the pain that gives rise to the nausea. The sequence then is pain first and the nausea caused by the pain. The value of olive oil in these cases has been generally overlooked. Olive oil of a superior grade given three times a day, an ounce before meals, will aid greatly in the cure of the ulcer, and also stop much of the pain. Its action is probably effected in a measure by coating over the irritated surface and aiding in the lubrication of the food thus avoiding friction. The use of the oil should be continued by the patient three months after he is discharged cured.

Now I heard someone tell me that their patient cannot take oil. To these I would recommend the oil of sweet almonds made by the emulsification of a tablespoonful of sweet almonds with eight ounces or water and strained. This has to be prepared freshly, as it will not keep over a couple of days. Another excellent way to give olive oil is in the preparation called Egmol, which is an emulsification of the oil with fresh eggs. The particular place where the oil treatment is effective is where the crampy pains show the trouble is near the pylorus. There it will do wonders.

Do not forget in the severe pain of ulcer that Belladonna or Atropine, its alkaloid, either by mouth or by hypodermic, will do far more to ease the patient than morphine.

And as a final point in cases of doubt and you desire to watch the stool for traces of blood, and dislike, therefore, to give bismuth, due to the fact that the discoloration will hide your symptoms, give equal parts of prepared chalk and talcum powder, and it will accomplish the same results, and your movement will present normal appearance.

The writer makes no claim for completeness in the subject treated, nor is all the matter original, but he has endeavored to put into shape where it can be referred to, means to remedy difficulties which have presented in some cases treated during the past year.

No. 300 McDonough St., Brooklyn-New York.

SOME REMEDIES FOR ACUTE NASAL OBSTRUCTION.

John L. Moffat, M. D., Brooklyn, N. Y.

Obstruction of the nasal passages is an apparently simple subject and—with practice—its location and character may usually be determined with comparative ease. Thoroughness in this, however, is a matter of recent years among homœopathic prescribers and is not yet as general as it should be. Our materia medica is poor in pathological observations; therefore the nose of each patient for whom we prescribe should be examined as thoroughly as is practicable, the swollen parts, felt gently with a (surgically clean) probe and then cocainized or shrunk with adrenalin to ascertain how much of their volume was due to turgescence and how much to hyperplasia of tissue. Such observations, together with the color and texture of the nasal mucosa and the location, as well as character, of the discharge will add immensely to the value of our clinical reports. According to Dr. Haebl,* Hahnemann in all probability made physical examination part of his routine in ascertaining the totality of symptoms.

We claim that Homœopathy is the science of therapeutics. The cardinal element of the truly scientific mind is dispassionate thorough investigation, not overhasty to confirm a theory, but anxious to know what is the truth and to establish the truth. To this end our clinical reports must be *demonstrations*, not mere assertions, so worded that the reader or hearer is convinced that the cure or improvement can fairly be attributed only to the remedy.

Polypus, one of the intranasal pathological conditions found in our repositories as a clinical observation, is commonly indicative of an underlying bony necrosis and its removal mechanically is called for, not only to hasten the cure, but in order to ascertain the cause of the polyp—the true condition, the totality of the symptoms.

This fragmentary paper is based upon Boericke's *Materia Medica* because that valuable little book embraces the latest remedies and has a repertory within its covers.

We there find mentioned for nasal polypi: cadmic sulphate, calcarea carb., calc. iod., phosphorus, teucrium, and also cepa, lemna,

**Homœopathic Eye, Ear and Throat Journal*, April, 1910, page 156.

sang., and sanguinarin nitricum. Thuya, although not mentioned in this repertory, is, perhaps, more apt to prove curative in cases of nasal polyp than any of the foregoing. It has cured papilloma of the larynx.† Attention has been given in this paper to nasal polypus because with that condition there is almost an obstruction and feeling of fulness or pressure at the root of the nose (perhaps from interference with drainage from the frontal sinus), which, although commonly chronic, may be developed by or as an acute condition. Fulness, pressure or pain at the glabella or the root of the nose commonly indicative of frontal sinusitis, which is confirmed by tenderness to pressure upward under the inner ends of the eyebrows.

Boericke names thirty remedies for stoppage or dry coryza. This paper will be confined to two conditions: One side affected, alternately right or left, and nose stuffed, with fluent coryza—disregarding those remedies in which these last are not mentioned together.

Chininum arsenicosum: Nasal obstruction which goes to the other side upon turning over in bed; < in the side laid upon; generally < lying on the left side; > in the air; throbbing, aching, bursting pains in nose, orbit and deep in the head; chilly, thirsty; coryza thin, acrid.

Lemna minor and **passiflora** have been credited with this alternating obstruction which shifts upon turning over, but I have failed to verify it.

Merc. biniod. has relieved: nasal obstruction, mucous discharge; alternates according to the position of the head, the upper nostril clearing and mucus draining from, according to position, the anterior or posterior nares.

Lac caninum is characterized by repeated alternation of its symptoms from side to side. Its nasal symptoms are: Coryza, one nostril stuffed up the other free; alternate. Bloody pus discharged. Bones of nose sore to pressure. Alæ nasi and corners of mouth cracked

Nux vomica: Coryza; fluent in daytime; stuffed up at night or alternates between nostrils. As you all know, it has frequently relieved stuffy colds, snuffles; acrid discharge but with stuffed feeling; coryza worse in a warm room. Nose (this not from Boericke)

†*Homœopathic Eye, Ear and Throat Journal*, May, 1910, page 221.

stopped and dripping, with morning frontal headache; the patient is achy, yawny, chilly, stretchy.

Aconite has pain at the root of the nose, and it may abort a frontal sinusitis caused by exposure to cold dry air or wind. The accompanying symptoms will be: stoppage of the nose, dryness of the nasal mucous membrane, maybe with a scanty watery coryza, throbbing in the nostrils, acute sensitiveness to smell—if accompanied by mental and physical restlessness.

Ammonium carbonicum: Stoppage of the nose at night with long continued coryza. Snuffles of children. Epistaxis after washing and after eating. Discharge of sharp burning water. The patient is very sensitive to cold air; takes cold easily; is tired and weary.

Arum triphyllum: Nose completely stopped with fluent acrid discharge. Discharge blood-streaked, watery. Boring in the nose. Soreness of nostrils. Hay fever, with pain over root of nose. Face feels chapped, as if from cold wind; feels hot.

Ipecac.: Coryza with stoppage of nose and nausea. Epistaxis. Let me add: Aching of malar bones. Itching in throat and Eustachian tubes.

Solanum nigrum has: Acute coryza; profuse watery discharge from right nostril, left stopped up, with chilly sensation, alternating with heat.

Kali bichromicum has among its other symptoms: Coryza with obstruction of the nose. Pressure and pain at root of nose. One of our great remedies for nausea; the writer so often caused nausea by administering this drug in the first decimal trituration that years ago he abandoned that preparation.

Magnesia muriatica: Nose stopped and fluent. Loss of smell and taste. Can not lie down; must breathe through the mouth. Nostrils ulcerated.

Osmium: Coryza with full feeling in nose. Small lumps of phlegm from posterior nares. Nose and larynx sensitive to air.

Teucrium is principally for chronic cases, but it has: Coryza with stoppage of nostrils. Crawling in nostrils, with lachrymation and sneezing. Catarrhal condition of both anterior and posterior nares.

1136 Dean Street.

ALUMNI NOTES.

Henry B. Safford, M. D., '08, 170 West 59th street. Office hours, 8 until 9 A. M., 5:30 until 6:30 P. M. Telephone, 618 Columbus.

Dr. John L. Moffat, '77, announces that from July 16th to September 7th, 1910, his summer address will be 476 Main street, Orange, N. J. His patients are referred during that time to Dr. C. E. Paine, 694 St. Mark's avenue.

Herbert Dana Schenck, M. D., '84, 75 Halsey street, Brooklyn. Hours, 8-1. Telephone, 172 Bedford. Diseases of the eye and ear exclusively. Dr. Schenck announces that from June 29th to August 29th he will be out of town, after which regular office hours will be resumed. During his absence patients are referred to Dr. Charles E. Paine, 694 St. Mark's avenue. Telephone, 2385 Bedford. Hours, 8 to 1 P. M., 7 to 8 P. M., Sundays by appointment.

Dr. Edward Wallace MacAdam, '07, announces his summer plans as follows: From July 6th to August 16th he will keep usual evening office hours, 6 to 8 P. M., excepting Wednesdays and Sundays. He will be in his office in the morning from 8 to 10 A. M. on Saturdays and Sundays, but on other days until 8:45 A. M. only. On these days he may be reached, in emergency, by telephone, from 9:30 to 12 noon, at Columbia University, Department of Zoology. Telephone, Morningside 1400, Extension 25.

From August 17th to September 19th he will be absent from the city. During his absence patients are referred to Dr. H. P. Gillingham, 211 West 80th street. Hours, 9-11, 6-7. Telephone, Riverside 7303. 17 East 184th street, near Jerome avenue, Borough of the Bronx. Telephone, Tremont 633.

Dr. Homer I. Ostrom, '73, 130 West 57th street, announces that from June 28th to October 1st his address will be Waquoit, Cape Cod, Mass. Telephone, 135-7 Falmouth, Mass.

Dr. Gregg C. Birdsall, '04, Washington, D. C., announces the removal of his office to 1332 Fifteenth street (near Rhode Island avenue). Hours, 8-9 A. M., 4:30-6:30 P. M.; Sunday, 5-7 P. M. Telephone, North 1561.

Dr. F. L. Eastman, '09, announces the opening of his office at 6 Broadway, Kingston, N. Y. Hours, 9-10, 2-3, 7-8.

Mr. and Mrs. George B. Van Pelt announce the marriage of

their daughter, Mary Emma, to Dr. Chester Rutter Brown, '07, of Arlington, N. J., on Tuesday, the 25th of June, 1910, Princeton, N. J.

Dr. C. G. Webster, '04, Bedford Park Boulevard (200th street) and Decatur avenue. Hours, 10-11 A. M., 7-8 P. M.; Sundays, from 11-1. Telephone, 575 Tremont.

Dr. D. MacNish, President of the British Homœopathic Society, who recently visited here, announces a change of address to No. 10 Harley street, Cavendish Sq., W. London, England. Telegrams, Gastrique, London.

Dr. Frank E. Smith, '04, desires to announce the following change of address to take effect on August 1, 1910, 55 East 55th street. 11:30 to 1. Phone, 664 Plaza. 938 St. Nicholas avenue, cor. 157th street. 8 to 9 A. M., 5 to 7 P. M. Phone, 756 Audubon.

Dr. F. H. Boynton, '74, 36 West 50th street, will receive patients during the summer of 1910 at his usual hours, but in accordance with the following plan as to days: June, every day except Sunday; July, every day except Saturday and Sunday; August and September, Mondays and Thursdays only; October, all days will be resumed. Hours, 9 A. M. to 1 P. M. Telephone, 449 Plaza.

Howard Maps, M. D., '09, 121 Paulison avenue, Passaic, N. J. Sundays by appointment. Office hours, 9-10 A. M., 2-3 P. M., 7-8 P. M. Telephone, 346-L.

Dr. Walter E. Halfman, '09, desires to announce that he has opened his office at No. 181 East 79th street. Office hours, 8 to 10, 1 to 2, 6 to 7. Telephone, 6625 Lenox.

Dr. Herbert C. Allen, 304 Clermont avenue, Brooklyn, N. Y. Dr. Allen announces the removal of his office to 171 Lefferts Pl. (between Glasson and Franklin avenues). Office hours and telephone call as usual. From July 24 to September 9, patients are referred to Dr. R. L. Wood, 129 Hancock street, telephone, 340 Bedford. Hours, 8-9:30 A. M., 1-2, 6-7:30 P. M. Sundays until 10:30 A. M. only. All mail directed to Dr. Allen's office will be forwarded and receive his personal attention. Hours, 8-10 A. M., 1-2, 6-7:30 P. M. No hours Sunday and Wednesday evenings. Telephone, 847 Prospect.

CORRESPONDENCE.

Lake Mohonk, N. Y., July 15, 1910.

Dr. H. M. Sloat.

Dear Doctor:—There is a vacancy on the Staff of House Physi-

cians and Surgeons (second year service), at Metropolitan Hospital, for which any physician is eligible who has spent a year as interne in a hopsital. Some reader of the CHIRONIAN may be glad to know about it.

Yours very truly,

E. P. SWIFT.

BANQUET OF THE ALPHA SIGMA FRATERNITY.

One of the most elegant and elaborate entertainments of the A. I. H., at Pasadena, Cal., was the dinner of twenty-four covers given by the Alpha Sigma Fraternity, at the Maryland Hotel, on July 15, to Walter E. Nichols, M. D., '03, N. Y. Hom., to express their appreciation of the work of the Local Committee and to congratulate him on his election as Vice-President of the A. I. H.

Those present, members of the fraternity:

1. Dr. Tomilson, Cal.
2. W. E. Nichols.
3. Jno. Strother Gaius, N. Y. City.
4. Geo. Lane, Poughkeepsie.
5. Jas. Garlick, Cal.
6. ——— Bernard, Cal.
7. E. C. Bryant, Cal.
8. Wm. C. Goodno, Philadelphia, now Cal.
9. ——— Arndt, Field Secretary.
10. J. F. Rankin, Brooklyn.
11. W. G. Crump, N. Y. City.
12. W. H. Dieffenbach, N. Y. City.
13. Philip Rice, Cal.
14. C. Low, Cal.
15. Jas. T. Martin, Cal.
16. ——— Lashley.
17. H. J. Lackey, Cal.
18. ——— Buell, Cal. (N. Y. Hom.).
19. ——— Chamley, Los Angeles.
20. ——— Warner, Los Angeles.
21. ——— Salsbury (Sr.), Cal.
22. Sidney Worth, Cal.
23. C. S. Gobar, Cal.
24. ——— ORR, Cal.

OBITUARIES.

Henry R. Maxson, M. D., N. Y. Hom. C. and H., 1880, a veteran of the Civil War, died at his home, Cunningham, Kansas, June 2, aged 71.

Alfred Wanstahl, M. D., N. Y. Hom. C. and H., 1875, of Baltimore, Md., died June, 1910, of heart disease, aged 58.

Emmett C. King, M. D., N. Y. H. M. C. and H., 1880, of Hartford, Conn., died June 17, 1910, aged 58.

Dr. Anderson died suddenly, in Toronto, Canada, where he had practiced for the last twenty years, on June 8, 1909, aged 68 years. He was born on a farm near Simcoe, Ont., on May 23d, 1841, and received his preliminary education at the Simcoe Grammar School. Later he took up the study of medicine and was graduated from the New York Homœopathic Medical College in 1864. He practiced for a short time at Dansville, N. Y., and Rochester, N. Y., but about twenty-five years ago he went back to Canada and started practice as an eye and ear specialist in Hamilton. He remained there about five years and then moved to Toronto, where he practiced his chosen specialty for over twenty years.

Newton H. Traver died at Harper Hospital, Detroit, on January 31st, aged 73 years. He was operated upon two days before that, and, owing to his advanced age, was unable to withstand the shock. After his graduation from the N. Y. H. M. C. in 1861 he located in Grayling, Mich., where he opened a drug store in 1879, continuing his practice with it. In 1892 he removed to Lewiston, Mich., where he was the first physician to locate. He built up a good practice of medicine and devoted himself to the drug and furniture business. He was a licensed embalmer and undertaker, and did that in connection with his other business. He was much interested in Sunday School work and founded the first school in Lewiston.

Dr. Coleman was graduated in the class of '61, served as surgeon in the Confederate Army, located at Lorman, Miss., where he died on January 16, 1910.

Dr. A. C. Fletcher, of the class of '61, died at 250 W. 135th street, New York.

No correspondence concerning Dr. Kimball has been able to elicit further information than the fact that he is dead.

Dr. Westland, when last heard from, was located at London, Canada. Since then we learn that he has died, but no particulars have been obtained.

Dr. Gregg was also located in Canada, at Strathroy.

All attempts to locate Dr. Osborn's last residence, or to obtain any information have been in vain. In a round-about way we learn that he is dead.

Rollin B. Gray, of East Orange, N. J., died on February 5th, 1910, aged 69, at the home of his daughter in East Orange, N. J. The cause of his death was cerebral hæmorrhage. He was retired for a number of years.

William Henry Blakeley was born in Trigg county, Ky., July 10th, 1841, and died in Bowling Green, Ky., January 25th, 1910, near the hour of midnight.

He possessed a strong and vigorous mind and body and got the usual rudiments of education as was commonly given in the schools at that time. He served a short term in the Confederate Army during the early part of the Civil War, under the cavalry leader, N. B. Forrest. Escaped from the Fort Donaldson surrender. He graduated in medicine from the Homœopathic Medical College, of Missouri, in the year 1866, and then practiced medicine for several years in Trigg county; then he went to the New York Homœopathic Medical College, where he graduated in 1872.

He was always optimistic, energetic and was a man of great vim in all his undertakings. Had the reputation of being one of the most honest, upright and sober men in the State.

Locating in Bowling Green, Ky., after leaving New York, he began his practice there and built up a large and prominent patronage. Here he married Miss Hettie South in 1874. Six children were born to them, five boys and one girl, all of whom, except one son, together with his wife, survive him.

Several times he was city physician, and city health officer, and the greatest cholera and other plague which ever struck Bowling Green started during the term of office of another physician, but it was not coped with to any satisfaction until he was made city health officer by the plea of citizens to stamp it out.

He was frequently on the local school boards, and was a director

in the Southern Normal School during its entire life; until it was made the State Normal college, the State of Kentucky buying the property and the school. He gave liberally to enterprises for the upbuilding of his city, and always was in the front rank with aid for schools and colleges, having almost single handed secured a large girls' college for here, also the site, which was largely given by him.

He was always charitable to others, and never insisted on payment of doctor's bills. His ledgers show over \$26,000 worth of accounts uncollected.

Given by J. P. D. Blakeley, May 26th, 1910, to Alfred Drury, Necrologist, New York Homœopathic Medical College, 160 Broadway, Paterson, N. J.

I believe that at one time after he graduated in New York that he was appointed on the staff, or as an Interne, at Bellevue Hospital. He was an associate editor of the North American Journal of Homœopathy for several years, with Dr. J. P. Dake, for whom his son was named out of the high attachment and friendship which existed between them. He usually edited the Department of Gynecology.

The last segment of about twenty-six years of his life was spent in the real estate business, which seemed to have fascinated him, and pulled him into it. He frequently made the remark, however, that he would like to practice medicine again, and he almost started to do so several times.

Acute gastritis was the cause of his death, which came on very suddenly and with very little warning. He was active and robust up to the very evening of his death, having just passed through a day of ordinary labor in his profession, and having just made some large deals. He would have been 69 years of age in July. He had had two attacks of this trouble before, and had said to his favorite physician here, a lady and a niece of his wife whom he had influenced to study medicine and given his library to, that the third attack would kill him he feared. It was his delight to be affiliated with his fellow physicians, and he was a member of the Indiana Institute of Homœopathy, May 1, 1879. American Institute of Homœopathy, June 14, 1882. Also a member of the Kentucky Homœopathic Medical Association.

Dr. P. A. Banker, one of Elizabeth's (N. J.) oldest and best known physicians, died of heart trouble at his home on December

2d, 1909. He was born at Poughkeepsie, N. Y., December 5, 1845, and after graduation from the Mt. Pleasant Military Academy, at Ossining, N. Y., was employed as clerk in a bank until the outbreak of the Civil War, where he served during four years, and afterward entered the regular army. He was in General Custer's regiment and retired from the service with the rank of sargeant major in 1871. Soon after he began the study of medicine and was graduated from the N. Y. H. M. C. and H. in 1879. After brief practices in New York, Millbrook, N. J. and Rhinebeck, N. Y., he came to Elizabeth, N. J., in 1889. Dr. Banker had just been elected a member of the Excise Commission on the Republican ticket. He was a Mason, but probably took the greater interest in the Order of Foresters, being a charter member of Court Columbus, its examining physician, and was once elected one of the three delegates from Elizabeth to attend the Supreme Council in England. Dr. Banker was a member of the Union County Medical Society and was at one time Vice-President of the New Jersey State Homœopathic Medical Society.

Dr. John D. Quill, of Wallingford, Conn., died on November 9th, 1909. He was a member of the Connecticut Homœopathic Medical Society.

Dr. Rolla C. Grant, of Rochester, N. Y., on November 9th, 1909. He was graduated from the New York College in 1879 and took a post-graduate course in Boston University. He was a member of the New York State Homœopathic Medical Society and the Central New York Homœopathic Medical Society, in which he was an active worker. Dr. Grant was born in Rome, N. Y., in 1874, and was educated in Auburn. He practiced for a short time in Portsmouth, N. H., and then located in Rochester, where he spent the rest of his life. He did considerable literary work and was an active and loyal alumnus, interested in the plans for increasing the usefulness of the college.

Dr. Harry N. Curtis, of Marietta, Ohio, died suddenly on the lawn of the Country Club of that city on June 7th, 1909. He had just finished playing his favorite game of golf, and was talking with his wife and friends, when he suddenly was seized with an attack of vertigo, and died almost instantly. He had long been afflicted with deficient heart action, although the affection was known only to himself and his wife.

Harry N. Curtis was born at Belpre, O., in 1852, being now in his 57th year. He was a son of Captain Augustus Curtis, a prominent riverman. He received his earlier education at Belpre and at the Marietta College. He was graduated from the New York Homœopathic College in 1881, and immediately opened offices in Marietta in partnership with Dr. Walter, a business arrangement which lasted until his death. He took a post-graduate course at the New York Homœopathic College and Hospital in 1903.

Dr. Curtis was a member of the American Institute of Homœopathy,* of the Ohio State Homœopathic Medical Society, and at the time of his demise was President of the Washington County Medical Society. He was an untiring worker in the local society and was widely known and respected by his medical colleagues. He was medical examiner for the Bankers' Life Insurance Company, and the American Union Company. He was also a prominent Mason, a charter member and first president of the Marietta Country Club, and took an active interest in local politics, serving as councilman, Trustee of the Sinking Fund Board, Tax Commissioner, and member of the Board of Trade. For twenty years he was treasurer and trustee of the Unitarian Church, a work which held first place in his heart.

Dr. Curtis married Helen E. Green, also a homœopathic physician, in 1879, and to whom was born one daughter. Both his widow and daughter survive him.

Dr. Curtis was a learned physician, a public spirited man, and a credit to his Alma Mater, of which he was always a loyal son. His loss is keenly felt by all who knew him.

Dr. Roswell D. Smith was born at Pound Ridge, Westchester county, N. Y., December 29, 1833. He was graduated from New York University with high honors in 1859 and when he attended the fiftieth anniversary of his graduation, he was one of the oldest living graduates. He was graduated from Princeton Theological Seminary in 1863. Later in life he decided to study medicine and was graduated from the N. Y. H. M. C. and H. in 1880. For a number of years he was in charge of the Yorkville Dispensary on Lexington avenue, New York. His daughter writes of him that his life was spent in self-sacrificing devotion to the cause of Christ and his fellow-men, both as minister and physician.

*Only member of all who died.

Charles P. Beaman, of Ithaca, N. Y., was graduated in the class of 1882. Connected with Cornell University as infirmary and university physician.

Dr. Charles E. Jones, of Hartford, Conn., died of general nervous collapse on January 24, 1910. He was born in East Hartford in 1855, and after his graduation from school spent six years in life insurance work. He then started the study of medicine and was graduated from the N. Y. H. M. C. and H. in 1882. He practiced all his life in Hartford, where he was very successful, especially with diseases of children. He was a member of the Royal Arcanum and of the Connecticut Homœopathic Medical Society. He is survived by his wife, a son and a daughter, the son, Chas. E. Jones, Jr., being a physician, a graduate of the University and Bellevue College and now an interne in Bellevue Hospital.

Dr. James C. Knapp, superintendent of the Hygienic Institute, of Geneva, N. Y., died of Bright's disease, December 11, 1909. He was born at Drennon Springs, Ky., November 25, 1853. He received the degree of A. B. from Syracuse University in 1879, and, going to Geneva, began his medical studies under Dr. A. B. Smith, superintendent of the Hygienic Institute. He took a two years' course at the Jefferson Medical College, Philadelphia, and a final year at the N. Y. H. M. C. and H. from which he was graduated in 1884. He then returned to Geneva, where he became assistant to Dr. Smith, married his niece and foster daughter in 1887 and became superintendent of the institution upon the death of Dr. Smith in 1894, which position he held until his own death. As Dr. Knapp combined the abilities of a physician with those of a good business man, the institution has prospered under his control.

Wm. H. Connelly lived at Kingston, N. Y.

No data concerning Dr. Seale has been obtainable beyond the fact that he is dead.

Born in New York City, 1865. Died, October 30, 1909. One year in Columbia University, graduating in 1886, before he was twenty-one. Practiced in Brooklyn, Orange and New York. Was instructor in the college for one year.

Dr. Frank Eugene Risley was a graduate of the class of 1889, New York Homœopathic Medical College. He began practice in the fall of that year. His residence and office were at 355 Jefferson avenue, Brooklyn. He was never married.

He was Physician in Charge and Chief of the Staff of the Brooklyn Nursery and Infants' Hospital, on Herkimer street, with which institution he was connected for about the twenty years of his practice. He was particularly adapted to the treatment of children, and was frequently called in consultation both in and out of the city. He was also a member of the staff of the Cumberland Street Hospital and of the Prospect Heights Hospital, and also a member of the Brooklyn Medical, Chiron and Inter Nos Clubs, the Kings County Medical Society and of the New York Homœopathic Medical Society.

He practiced for seven years without one holiday, and then his health began to fail, but he kept on until the spring of 1906, and built up a successful practice, though a great sufferer. In May of that year he went to Connecticut, where he had fitted up a place for a sanitarium, hoping the change of climate and work would benefit him,—but he constantly grew worse, so that he was unable to make the success of his work that he had anticipated, and in May, 1909, disposed of his interests and returned to New York State, spending the summer of 1909 at the Colonial, Kitchawan, N. Y., where he did some practice, but his health entirely failed in October, and after six weeks of most acute suffering he passed away on the 10th of December, 1909, receiving the most skillful treatment from several of his brother physicians,, which proved unavailing.

William Diehl, Jr., of Brooklyn, of the class of 1891, died at his home in Brooklyn, at the age of 46, on the 11th of March, 1910.

(Mrs. Diehl sent an advertisement in answer to a request for facts, telling one he might obtain ten clippings concerning Dr. Diehl for \$1.00.)

Charles P. Beaman was born at Philadelphia, October 6, 1861. He died at Ithaca, N. Y., October 5, 1909, of Bright's disease. The greater part of his boyhood was spent in Cincinnati, O., where he prepared for medical college, earning the money by playing the cornet. He was graduated from the N. Y. H. M. C. in 1882, and practiced in Stamford, Conn., and Chattanooga, Tenn., finally locating in Ithaca, N. Y., where he practiced for nearly seventeen years. He was athletic surgeon for Cornell University for thirteen years, and developed a number of improvements in this branch of surgery, such as inventing a bandage which enabled men to return to the athletic field in a shorter time than before. Dr. Beaman was one of seventeen children of a minister.